

**JATC2-WP8 Symposium:  
Learning from practices to  
improve Smoke and Aerosol  
Free Environments (SAFE) in  
Europe**

**Contributes to Deliverable 8.2:  
Position paper on SAFE**



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## Executive summary

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The Symposium on Smoke and Aerosol Free Environments: Learning from Practices to Improve Smoke and Aerosol-Free Environments (SAFE) in Europe, held in Madrid on the 25th of April 2023, was an exercise to identify key aspects of practices on SAFE, informed through a previous consultation held online to experts.

The practices discussed applied to 10 types of settings as follows: 1- beaches, sports & playgrounds (outdoor), 2- educational (indoor & outdoor), 3- national policies (indoor & outdoor), 4- city (indoor & outdoor), 5- health care & residential (indoor & outdoor), 6- hospitality sector (indoor & outdoor), 7- private cars (indoor), 8- private homes & multiunit housing (indoor & outdoor), 9- public transport (indoor & outdoor) and 10- workplaces (indoor & outdoor).

We explored aspects related to their effectiveness and efficiency, successfulness, sustainability, transferability, enhanced participation and governance, as well as the compliance and enforcement of laws, and the barriers and opportunities for their expansion.

The most relevant conclusions were:

- 1) The main barriers against the expansion of SAFE practices are the industry interference, novel products, the reluctance of governments, the lack of monitoring and sales regulation, and claims of specific settings (hospitality sector) against the expansion.
- 2) The main barriers against the enforcement of SAFE practices are the lack of comprehensive legislation (partial bans do not work), the lack of human and financial capacity, reluctance of governments, lack of training for authorities and/or public sector, as well as the lack of dedicated funding for tobacco control research and interventions.
- 3) The most frequently identified needs for the expansion of SAFE are the need to clarify the importance of having smoke-free outdoor settings not only smoke-free indoor settings, and to include electronic cigarettes and heated tobacco products.
- 4) To make a practice successful it needs: clarity of the objective of the practice, capacity to evaluate the achievement of its objective (having in mind that evaluation of SAFE can be challenging), identification and involvement of the right stakeholders including the target population already from the development phase on, a well sorted implementation team, legislative support from a clear law and stable human and financial resources, well designed regular awareness campaigns, workshops, conferences, promotion of relevant benefits to decision makers, not just health benefits, adequate dissemination tools (guidelines, toolkits, etc.), proper guidance and training of the people in charge of implementation and right materials to support the practice. In addition, non- smokers have to feel empowered to advocate for rules' compliance.
- 5) To make a practice sustainable it needs to be a successful practice and have continuity of the teams implementing the practice. In addition, the coalition between civil society and local authorities to ensure continuity even if politicians change, public funding, institutional support and dissemination of results (regular information campaigns specific to the practices) are important.

## Introduction

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On the 25th of April 2023, the Catalan Institute of Oncology (ICO), in their role as coordinator of Work Package 8 (WP8) of Joint Action on Tobacco Control 2 (JATC2), held a Symposium on Smoke and Aerosol Free Environments: Learning from Practices to Improve Smoke and Aerosol- Free Environments (SAFE) in Europe. The event was conducted as a pre-activity of the European Conference on Tobacco or Health (ECToH) in Madrid, Spain.

The symposium was organised as a learning exercise to study a selected number of practices previously reported through an online consultation to key informants. The purpose of the event was to identify learning aspects of practices and to retrieve as much information and insights as possible

from experts on tobacco control and participants of the Symposium. The event was planned as a collaborating and reflective exercise that allowed to go beyond the information gathered in the consultation and extract lessons learned from shared knowledge with the panellists and the attendees in order to contribute to Deliverable 8.2: Position paper on best practices for second hand smoke (SHS) and second hand aerosol (SHA) exposure protection and evidence supporting the expansion of SAFE.

The practices discussed apply to 10 types of settings as follows: 1- beaches, sports & playgrounds (outdoor), 2- educational (indoor & outdoor), 3- national policies (indoor & outdoor), 4- city (indoor & outdoor), 5- health care & residential (indoor & outdoor), 6- hospitality sector (indoor & outdoor), 7- private cars (indoor), 8- private homes & multiunit housing (indoor & outdoor), 9- public transport (indoor & outdoor) and 10- workplace (indoor & outdoor).

## Methods

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The process of selection of practices presented in the symposium was done taking into account the following criteria:

- 1- It was important to have as many different groups of practices as possible according to their setting in order to enrich the discussions and learning lessons and to provide a wider representation of SAFE practices.
- 2- Likewise, it was also important to have a representative group of different countries to better understand the framework of SAFE in Europe.
- 3- Whether the practices included different types of tobacco or nicotine free policies was also considered as the goal was to discuss both smoke and aerosol free environments and also given the weight of heated tobacco and nicotine products it was necessary to enter this as a factor.
- 4- Another criteria that was taken into consideration was if the practices had a score of >40 after conducting an internal scoring process carried by some WP8 partners.
- 5- Innovation was another criterion that was included as it was considered relevant the identification of innovative measures through the presentation of a practice.
- 6- Finally, whether a practice had been formally evaluated was also considered for the selection of practices for the symposium.

There were 35 registered participants and among them, 10 panellists were in charge of a proposed small group. This Symposium consisted of three phases: the first one was the presentation of the practices reported at the consultation by type of setting and country as well as the summary of the reported barriers and opportunities for the expansion of SAFE practices; in the second one, 10 groups of 2 to 4 people were organised with the goal of studying 2 reported practices per group. Each group discussed a type of practice according to settings or areas (playgrounds, hospitality sector, workplaces, health care, cars, homes, beaches, cities, national and transport) using as a guide a list of proposed questions (see annex 1). Lastly, in the final phase, the moderator of each group presented to the audience a summary of their group discussion, insights and conclusions.

These practices on SAFE were used to enlighten the debate and trigger ideas to answer key questions related to their effectiveness and efficiency, successfulness, sustainability, transferability, enhanced participation and governance, as well as the compliance and enforcement of laws, and the barriers and opportunities for the expansion of SAFE in Europe.

## Results and conclusions

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All the elements mentioned above are tightly interrelated in a way that, by definition, a successful practice is the one that proves its effectiveness/efficiency, is sustainable, if needed is also transferable, proves involvement of the population and achieves compliance to reach its objective.

Most of the discussion groups mentioned that assessing the effectiveness of the practice can be a challenge, especially in some specific smoke-free environments. Some settings, such as healthcare facilities, may have more resources to monitor specific objective indicators (e.g. nicotine and cotinine measurements), while others would only be able to provide self-reported data. Therefore, according to the type of practice, clear and measurable indicators should be identified and proper data collection, management and analysis should be planned, ideally before the implementation of the practice in order to measure the success rate of the practice.

Efficiency can be measured with repeated cross-sectional studies or representative samples.

The successfulness of a practice depends on several factors such as: clarity of the objective of the practice, capacity to evaluate the achievement of its objective, identification and involvement of the right stakeholders including the target population from the development phase on, a well-sorted implementation team, legislative support from a clear law and stable human and financial resources. National NGOs can help gather public support and well-designed regular awareness campaigns, workshops, conferences, promotion of benefits important to decision makers, not just health benefits and adequate dissemination tools (guidelines, toolkits, etc.) are crucial to empower civil society to expand SAFE. Another factor to keep the attention high is by informing the population of the damages of smoke and aerosols and the benefits of the SAFE practice in a continuous way. For instance, in the case of smoke-free beaches, health and environmental damages/benefits should be highlighted. Also it's important to take into account non-smokers so that they feel empowered to advocate for rules in terms of compliance of the practice.

**Guidance to and training of staff** and **collaboration** between entities are also important elements. For instance, in one of the smoke-free beaches practices analysed, an environmental agency contributed to the practice by providing transparent containers to dispose of the cigarette butts. In addition, a policy on SAFE has a better chance to succeed if is part of a **comprehensive policy**. **National laws supporting local implementation** are very important for the expansion of SAFE practices.

Sustainability is an important element determining the successfulness of a practice. The discussion groups identified several factors to ensure sustainability, such as: **continuity** of the teams implementing the practice, **capacity to prove achievement** of the objective (i.e. to demonstrate that the practice is working), **regular monitoring** of the practice, **partnership** to ensure trust, **training** of staff (e.g. managers, workers), **clarity** of laws and **laws development**, **coalition** between civil society and local authorities to ensure continuity even if politicians change, **public funding** and institutional support, and **dissemination of results** (regular information campaigns specific to the practices).

Regarding transferability, this is very much a practice-dependent element. Additionally, depending on whether the transferability process is within the same country or abroad. Transference of practices between local, regional or national levels is easier, in general, than between countries (international level). Some practices such as public awareness campaigns may be transferable to other countries. The groups identified some facilitators such as: knowledge transfer strategies through **dissemination** of the initiative, publication of materials of the practice, **sharing methodological papers** with interested stakeholders or **tailoring the practices** to the specifics of the country to be transferred. Nevertheless, some challenges were also identified: lack of intersectional communication that jeopardizes the transferability of the practice, cultural differences or lack of budget transparency.

Participation and involvement of the target population and other stakeholders in the development of the practices is considered to be very positive to ensure compliance and sustainability. The groups identified the following factors to increase motivation: **information campaigns of the benefits of the practice**, **formal and informal meetings** with stakeholders (especially those in charge of implementing the practice), clear guidance to the target population (e.g. smoke free entrances in healthcare facilities need to have the perimeter clearly marked and reminders everywhere to ensure compliance). Also, as mentioned before, **non-smokers have to feel empowered** to advocate for rules' compliance.

Governance and project management have to do with the **clear description and guarantee of human and financial resources** needed as well as a well-designed working plan for inception and follow up. Likewise, regular monitoring of the practice can only be ensured with stable human and financial resources.

Regarding legislative aspects on the implementation of the practice: a voluntary approach that relays on civil society or partnership with local authorities can be a positive approach for some practices even though it has limitations. A **legislative approach offers facilitating factors** when it comes to enforcement of the practices, which can also indicate **more compliance**. In some cases, when a practice is legislated and therefore mandatory, compliance levels tend to be higher making the practices more effective.

Regarding the most frequently identified barriers for the expansion of SAFE, the following were brought up by the groups: **uninterested political bodies, lack of resources to enforce compliance** of the practice (smoke-free environments' practices have been approached until now as practices of self-enforcement nature; however, that is not the case in many practices as there needs to be a minimal but constant effort to ensure enforcement and compliance), **marketing of novel products such as electronic cigarettes**, lack of comprehensive legislation, **partial bans, socioeconomic deprivation** and health inequalities, **tobacco industry interference**, and the fact that other tobacco or nicotine products are **not included in the Tobacco Product Directive (TPD)**.

Finally, the most frequently identified needs for the expansion of SAFE were: the need to clarify the importance of having smoke-free outdoor settings not only smoke-free indoor settings. To **include e-cigarettes in the bans. Balance between moving forward and resistance from certain groups** from the public: there is a desire for having practices that go beyond what the normal perception is and to go as far as possible with policy adoption but not as far as leaving the possibility that certain groups of population may not find it acceptable. **Regular monitoring** of the practice. **Collaboration between entities and/or support by local authorities. Regular information campaigns** to keep the attention high by informing continuously the population of the harms of exposure to smoke and aerosols and the benefits of SAFE practices. **Training** of people in charge of implementing the practices, for example managers in smoke-free practices in the workplace. Finally, to develop the **right material**: clear messages in the right places.

In conclusion, the symposium achieved its goal as it gave the opportunity to dig deeper into the practices that were reported in the consultation to experts and extract relevant insights. Approaching the event as a collaborative exercise gave the opportunity to all of the participants to provide comments and reflections and to bring to the table interesting debates that lead to valuable conclusions. These inputs and lessons learned extracted from the shared knowledge of the panellists and the attendees to the event will favourably affect the quality of the Deliverable 8.2: Position paper on best practices for second hand smoke (SHS) and second hand aerosol (SHA) exposure protection and evidence supporting the expansion of SAFE.

## Annexes:

### Annex1: Questions to be discussed in each small group

According to your opinion...

1. How can we ensure that the practices are collecting information or designed in a way that effectiveness and efficiency can be measured? (Evaluation)
2. What makes a practice successful? (Evaluation)
3. How can these SAFE practices be better designed to reduce exposure? (Evaluation)
4. What should be considered to ensure that practices are transferred beyond national level? (Transferability)
5. What are the knowledge transfer strategies that could be applied to the practice? (Transferability)

6. What are the key aspects to ensure support for the intervention amongst those who implement the practice? (Sustainability)
7. What are the key aspects to ensure support for the intervention amongst the intended target population? (Sustainability)
8. Who are the ideal stakeholders to ensure enforcement of the practice? Who are the ideal stakeholders to ensure compliance of the practice? (Description of the practice)
9. How can a practice be implemented when there are difficulties for it to be legislated?
10. When designing a practice, which three elements do you consider most important for its successful implementation? (Description of the practice)
11. What strategies can be followed to ensure full participation of the target population in the development and/or implementation and/or evaluation of the practice? (Participation)
12. On a project management level, which elements do you think are important in the development and implementation of the practice? (Governance)
13. Do you believe these practices cover all the interventions needed to promote SAFE?
14. What can we learn from the barriers and how can we overcome them?
15. What can we learn from the facilitators and how can we strengthen them in favour of SAFE?
16. According to you, which are the main target settings to concentrate efforts on SAFE?
17. How can different smoke-free practices sum up to achieve a smoke-free generation?

## Annex 2: Results and conclusions organised by group of discussion (type of setting): List of sentences mentioned in the discussion groups

### Group 1: Playgrounds, sport grounds and petting zoos:

#### Effectiveness and efficiency

- There is a need to have successful evaluation to prove effectiveness of practices.

#### Successfulness of the practice

- It's crucial to have good guidance and toolkits.
- It's important to choose and involve the right stakeholders.
- Need to have good leaders for the practices, for instance, national NGOs can help gather public support.
- Key aspects for gathering support for the practices: funding, institutional support and government involvement.
- Campaigns communication, awareness, dissemination.

#### Sustainability

- There is a need to expand smoke free environments to other indoor spaces and also outdoor spaces in specific settings.

#### Transferability

- Some practices present very local issues; involving civil society can be very positive.
- Campaigns on public awareness that are transferable to other countries.

#### Challenges

- Practices that rely on voluntary basis can present limitations: for instance, if the monitoring process relies on volunteers.
- Self-reporting tools for evaluation present limitations.

#### Legislation

- If there is no political support for the practices, there's a need for a bottom up approach.

## Group 3: Hospitality sector and cities

### Successfulness of practices

- Evaluation has to be done on terms that are comparable across practices in order to be able to compare outcomes so what we can check if practices have reached their objective.
- The policy has to be very clear but also has to be part of probably a comprehensive policy- there's literature out there that says that one policy has a better chance to succeed if it is part of a comprehensive policy.
- Program management: you need an implementation team behind the practice; there has to be a program in place. Ireland had a very good example of this.
- Partnerships: it requires a lot of work by the implementation team to create these partnerships. There's a discussion of whether these partnerships should take place at the local level or regional level or national level and but that's depends probably on the type of practice.
- National laws supporting local implementation offers good opportunities for SAFE practices.

### Sustainability

- Team: you need a team in order to sustain an effort. You need to have an administration and NGO or another body in charge of the whole process: you need institutional anchoring. It is needed for memory, for purpose, for resources, etc.
- Evaluation: you can only sustain something that you can demonstrate that it's working or you lose interest from stakeholders.
- Partnership: you need to rely on partners to make the practice sustainable for the pressure to maintain it. Partnerships are important for trust and shared ability.

### Transferability

- Conceptual framework: agreeing on a common language. Some practices refer to policy adoption, implementation, enforcement or compliance sometimes as equivalent and that needs to be clarified.
- Evaluation: you have to demonstrate that what you are doing is positive.
- Stakeholders: select the right people and develop relationships and partnerships with them.
- Share patterns with other countries.

### Barriers

- Uninterested political bodies.
- Not having enough resources for the compliance of the practice – smoke-free environments' practices have been sold until now as of self-enforcement nature and that's not the case in many practices. In many practices there needs to be a minimal but constant effort to ensure enforcement and compliance.
- Match between moving forward and resistance from certain groups from the public: there is a desire for having practices that go beyond what the normal perception is and to go as far as you can with policy adoption but not as far as leaving the possibility that certain groups of population may not find it acceptable.
- Marketing of novel products electronic cigarettes.
- Lack of comprehensive legislation. Partial bans are not as effective.

### Needs

- National laws that don't prevent the local jurisdiction to go beyond that. Example: Denmark: even though the national law is relatively weak it allowed local authorities to go beyond that and that was seen as an opportunity.
- Transferability.
- Need to clarify the importance of having smoke-free outdoor settings not only smoke-free indoor settings.
- Comprehensive bans.



## Opportunities

- If there are weak laws in terms of smoke and aerosol free environments that can provide an opportunity for action of other bodies, for instance, NGOs.

## Group 4: Workplaces

### Sustainability

- Training and resources available to help achieve and maintain a smoke-free environment: for the public (for example workers) but also for the people in charge of compliance (managers). Also helps for implementation and transferability.
- Focus and disseminate potential rewards and benefits of implementing the practice to motivate support for the implementation.

### Effectivity and efficiency

- Evaluation: having something tangible and measurable. This can be a challenge in smoke-free environments but there are resources for some settings: for instance, in healthcare facilities outdoor settings such as entrances, nicotine and cotinine can be measured.

### Successful practices

- Free choice/voluntary approach can be the right approach for some practices, but to reinforce them, having recognition from public health entities would be very beneficial.
- Go beyond the clear health benefits when promoting the practice: for instance, productivity in work places.
- Identifying the right stakeholders depending on the practice's nature.

### Transferability

- Challenge: there is a lack of intersectional communication that jeopardizes transferability of SAFE practices.
- Challenge: there are cultural differences; there is the need to find a balance between the singularities of a country or a setting with the communalities in terms of opportunities to expand smoke and aerosol free environments beyond a national level.
- Tailor the practices in order for them to be transferable but doing so from the designing of the practice phase.
- To report compliance and results in a synthesised and clear way.

### Needs

- Expansion to smoke-free outdoor spaces, especially in healthcare facilities to target vulnerable population.

### Future

- In order to reduce exposure practices should be designed considering enough expansion and moving from partial to comprehensive bans.

## Group 5: Cars

### Barriers

- Lack of political interest.
- Lack of human resources.
- Some practices require a complicated procedure.
- Even with citizen pressure there is a lack of quick reaction.

### Effectiveness and efficiency

- In the framework of SAFE practices, talking about effectiveness is more challenging.
- Efficiency can be measured with repeated cross-sectional studies or representative samples.

### Successfulness of practices

- Legislation has power.
- Stable human and financial resources.
- Provide law + educate people on the law + emphasize benefits (this is important for decision makers).

### Transferability

- Promotion and knowledge exchange.
- Link the practice to EU legislation and initiatives such as the Beating Cancer Plan.

### Sustainability

- Human resources.
- Institutional support.
- Legislation.

### Not legislated practices

- Support from civil society.
- Put it on the agenda through a human right approach.

### Participation

- To increase motivation by showing the benefits.

## Group 6: Homes

### Successful practices

- To have communication and activity, workshops, conferences, etc. to alert everybody that the practice is going to be in place beforehand can be very positive.
- Co-production and collaboration in the development of practices can be largely beneficial, for instance, involving the target population (smokers) in the messaging for the campaign.
- Evaluation.
- Clear rationale behind the practice.
- Resources and support for behaviour change.
- Clear messages relating to the target population.
- Working with the target population can be largely beneficial.
- Training of managers/people in charge of implementing the practices.
- Right material: clear messages in the right places.

### Challenges

- To include e-cigarettes in the bans in countries where they are perceived as a harm reduction

tool.

#### Effectiveness and efficiency

- Collect objective data when possible, not only surveys or self-reported data.

#### Transferability

- Knowledge transfer strategies: it's important to frame messages in a way that members of the public can easily relate to.
- Importance of co-production and involvement of the target population; this is quite key to ensure support for practices.

#### Barriers

- Socioeconomic deprivation and health inequalities.

#### Future

- Indoor settings: higher risks. Focus on private settings such as cars and homes.
- However, outdoor settings are also important: they present lower health risks but they contribute to de-normalisation.

### **Group 7: Beaches**

#### Successfulness of practices

- Survey among the population to see if the practice would have been welcome by the population and by other relevant sectors. In smoke-free beaches, sectors such as economic, touristic and environmental sector.
- Regular monitoring of the practice.
- Regular information campaigns to keep the attention high by informing continuously the population of the harms of smoke and aerosol and the benefits of SAFE practices. In the case of smoke-free beaches, health and environmental damages.
- Collaboration from other entities: for instance, in smoke free beaches, an environmental agency contributed to the practice by providing transparent containers to throw or discard the cigarette butts.
- Recognition of a public health assessment.
- Compromise can be positive: having smoking areas available.

#### Future

- Provide information to the target population for behavior change (quit lines, therapies, etc.).

#### Efficiency and effectiveness

- Measurable method.
- Clear description of the budget in relation with the committee task.
- Support from the law.
- Regular monitoring of local authorities.
- Local authority collaboration that promote the practice.
- Involve the right stakeholders.

#### Sustainability

- It's important to ensure the continuation of the practice on the long term with:
  - o Regular assessment and monitoring.
  - o Regular information campaigns specific to the practices.
- Institutional support with stable spending and human resources
- Collaboration of different sectors (e.g. environmental, policy and local administration, etc.) in

view of a common goal.

- To offer clear evidence on the after effects of passive smoking.
- Objective methods and resources allocated in relation to the timeframe of the practice based on information and evidence-based data.

#### Transferability

- Clear description and reproduction of the methodology of the practice.
- Transparency of the objectives and the strategy for both the population and the stakeholders.
- Human resources and funding.
- Clear relation with the committed task in the dissemination of information.
- Knowledge transfer strategies through dissemination of the initiative, publication of materials surveys.

#### Participation

- Information campaigns.
- Assessment at the beginning and the end of what works and what can be improved.
- Inform the population regarding the benefits of the practice.

#### Governance and project management

- To formulate and adequate estimation of the human resources needed.
- To have a clear description of the budget requirements.
- Engagement and maintenance of stakeholder interest.
- Regular monitoring of the practice with stable resources.

### Group 8: Cities

#### Sustainability

- Coalition between civil society and local authorities to guarantee that the processes will be followed even if the political change
- Funding by public resources – practices that have funding in the framework of a public policy are positive in terms of sustainability because it means they can be available for a long time.
- Step by step strategy that it is clearly described.

#### Transferability

- Difficult due to political limitations.
- Budget transparency for transferability (for reference to other countries).

#### Effectiveness and efficiency

- It is difficult to transfer some practices if they depend on the power of the local authority. For countries who have a political organization that give to the local authorities the possibility to take this kind of measure.
- Announcing a kind of plan of communication.
- Cost evaluation (for example, a practice in France that has been working for 10 years).

#### Successfulness of the practice

- Funding by the public budget: free of tobacco industry interference.
- Training of staff (sustainability and transferability).
- It is very important to have impact information on the practice (e.g. Prevalence of the behavior, etc.).
- It is positive to have collaboration between entities and/or support by local authorities.
- It is important to ensure that local authorities have the power and resources to take these measures.

- Evaluation: having tools for collecting information.

#### Future

- To offer cessation support information in smoke free areas.

### Group 9: Nation and health care facilities

#### Legislation

- A voluntary approach that relies or depends on civil society or partnership with local authorities can be a positive approach for some practices even though it has limitations.
- A legislative approach offers facilitating factors when it comes to enforcement of the practices, which can also indicate more compliance.
- In some cases, when a practice is legislated and therefore mandatory, compliance levels tend to be higher making the practices to be more effective.

#### Effectiveness and effectivity

- Effective and proper evaluations before and after the practices are introduced, are needed to measure the success rate of the practices.

#### Successfulness of the practice

- Human resources and financial resources.
- Stakeholder involvement.
- There should be at least one or two waves per year of mass media and social media campaigns but it requires significant budget. That can also increase compliance.
- Resources: there is a need for resources for campaigns, for measuring effectiveness (regardless of if it's from civil society or the government).
- Clarity of concepts and definition.
- Having a clear definition of what is a best practice provides clarity but at the same time it can limit potential practices that don't match the criteria but can be potential good practices that are maybe more creative or innovative.

#### Compliance

- Monitoring of the practice is crucial.
- In some cases, government enforcement authorities are playing the role of enforcement and conducting monitoring to control compliance of practices; in other cases, civil society has this function.

#### Evaluation

- Evaluation before and after practice implementation.
- Conducting surveys, questionnaires or other evaluation tools for the target populations.

#### Participation

- It is very positive to involve the target population in the development of the practice.
- Clear guidance for the target population otherwise it has issues with implementation and also with compliance. (E.g. smoke free environments in healthcare entrances need to indicate how many meters/the perimeter).
- Informal and formal meetings with stakeholders who will implement practices even before the practices are in place. This increases the potential in terms of them being supportive and help to enforce the practices and comply with them.

#### Barriers

- Lack of political will and interference from the industry.

- Other tobacco or nicotine products are not included: snus.

## Group 10: Transport

### Successfulness of the practices

- It's crucial to have proper leaders for the development and implementation of practices
- Civil society support is important in practices and therefore empowering non-smokers should be considered.
- It's important to promote and raise awareness about the practices and the rationale behind them.

## Annex3: Results and conclusions organised by elements: List of sentences mentioned in the discussion group



### 1. Challenges/barriers

- Practices that rely on voluntary basis can present limitations: for instance, if the monitoring process relies or depends on volunteers.
- Self-reporting tools for evaluation present limitations.
- Uninterested political bodies.
- Not having enough resources for the compliance of the practice – smoke-free environments' practices have been sold until now as of self-enforcement nature and that's not the case in many practices. In many practices there needs to be a minimal but constant effort to ensure enforcement and compliance.
- Match between moving forward and resistance from certain groups from the public: there is a desire for having practices that go beyond what the normal perception is and to go as far as you can with policy adoption but not as far as leaving the possibility that certain groups of population may not find it acceptable.
- Marketing of novel products (such as electronic cigarettes).
- Lack of comprehensive legislation. Partial bans are not as effective.
- Lack of political interest.
- Lack of human resources.
- Some practices require a complicated procedure.
- Even with citizen pressure there is a lack of quick reaction.
- To include e-cigarettes in the bans in countries where they are perceived as a harm reduction tool.
- Socioeconomic deprivation and health inequalities.
- Lack of political will and interference from the industry
- Other tobacco or nicotine products are not included: snus

## 2. Successfulness of the practices

- It's crucial to have good guidances and toolkits.
- It's important to choose and involve the right stakeholders.
- Need to have good leaders for the practices, for instance, national NGOs can help gather public support.
- Key aspects for gathering support for the practices: funding, institutional support and government involvement.
- Campaigns communication, awareness, dissemination.
- Evaluation has to be done on terms that are comparable across practices in order to be able to compare outcomes so what we can check if practices have reached their objective.
- The policy has to be very clear but also has to be part of probably a comprehensive policy- there's literature out there that says that one policy has a better chance to succeed if it is part of a comprehensive policy.
- Program management: you need an implementation team behind the practice; there has to be a program in place. Ireland had a very good example of this.
- Partnerships: it requires a lot of work by the implementation team to create these partnerships. There is a discussion of whether these partnerships should take place at the local level or the regional level or national level and but that's depends probably on the type of practice.
- National laws supporting local implementation offers good opportunities for SAFE practices.
- Free choice/voluntary approach can be the right approach for some practices, but to reinforce them, having recognition from public health entities would be very beneficial.
- Go beyond the clear health benefits when promoting the practice: for instance, productivity in work places.
- Identifying the right stakeholders depending on the practice's nature.
- Legislation has power.
- Stable human and financial resources.
- Provide law + educate people on the law + emphasize benefits (this is important for decision makers).
- To have communication and activity, workshops, conferences, etc. to alert everybody that the practice is going to be in place beforehand can be very positive.
- Co-production and collaboration in the development of practices can be largely beneficial, for instance, involving the target population (smokers) in the messaging for the campaign.
- Evaluation.
- Clear rationale behind the practice.
- Resources and support for behaviour change.
- Clear messages, relatable to the target population.
- Working with the target population can be largely beneficial.
- Training of managers/people in charge of implementing the practices.
- Right material: clear messages in the right places.
- Survey among the population to see if the practice would have been welcome by the population and by other relevant sectors. In smoke-free beaches, sectors such as economic, touristic and environmental sector.
- Regular monitoring of the practice.
- Regular information campaign to keep the attention high by informing continuously to the population of the damages/benefits. In the case of smoke-free beaches, health and environmental damage.
- Collaboration from other entities: for instance, in smoke free beaches, an environmental agency contributed to the practice by providing transparent containers to throw/discard the cigarette butts.
- Recognition of a public health assessment.
- Compromise can be positive: having smoking areas available.
- Funding by the public budget: free of tobacco industry interference.
- Training of staff (sustainability and transferability).

- It is very important to have impact information on the practice (e.g. Prevalence of the behaviour, etc.).
- It is positive to have collaboration between entities and/or support by local authorities.
- It is important to ensure that local authorities have the power and resources to take these measures.
- Evaluation: having tools for collecting information.

### 3. Effectiveness / Efficiency

- There is a need to have successful evaluation to prove effectiveness of practices.
- Evaluation: having something tangible and measurable. This can be a challenge in smoke-free environments but there are resources for some settings: for instance, in healthcare facilities outdoor settings such as entrances, nicotine and cotinine can be measured.
- In the framework of SAFE practices, talking about effectiveness is more challenging.
- Efficiency can be measured with repeated cross-sectional studies or representative samples.
- Collect objective data when possible, not only surveys or self-reported data.
- Measurable method.
- Clear description of the budget in relation with the committee task.
- Support from the law.
- Regular monitoring of local authorities.
- Local authority collaboration to that promote the practice.
- Involve the right stakeholders.
- It is difficult to transfer some practices if they depend on the power of the local authority. For countries who have a political organization that give to the local authorities the possibility to take this kind of measure.
- Announcing a kind of plan of communication.
- Cost evaluation (for example, a practice in France that has been working for 10 years).
- Effective and proper evaluations before and after the practices are introduced, are needed to measure the success rate of the practices.

### 4. Future/ Needs

- There is a need to expand smoke free environments to other indoor spaces and also outdoor spaces in specific settings.
- If there are weak laws in terms of smoke and aerosol free environments that can provide an opportunity for action for other bodies, for instance, NGOs.
- In order to reduce exposure practices should be designed considering enough expansion and moving from partial to comprehensive bans.
- Indoor settings: higher risks. Focus on private settings such as cars and homes.
- However, outdoor settings are also important: they present lower health risks but they contribute to de-normalisation.
- Provide information to the target population for behaviour change (quit lines, therapies, etc.).
- To offer cessation support information in smoke free areas.

### 5. Transferability

- Some practices present very local issues; involving civil society can be very positive.
- Campaigns on public awareness that are transferable to other countries.
- Conceptual framework: agreeing on a common language. Some practices refer to policy adoption, implementation, enforcement or compliance sometimes as equivalent and that needs to be clarified.
- Evaluation: you have to demonstrate that what you are doing is positive.
- Stakeholders: select the right people and develop relationships and partnerships with them.



- Share practices with other countries.
- Challenge: there is a lack of intersectional communication that jeopardizes transferability of SAFE practices.
- Challenge: there are cultural differences; there is the need to find a balance between the singularities of a country or a setting with the communalities in terms of opportunities to expand smoke and aerosol free environments beyond a national level.
- Tailor the practices in order for them to be transferable but doing so from the designing of the practice phase.
- To report compliance and results in a synthesised and clear way.
- Promotion and knowledge exchange.
- Link the practice to EU legislation and initiatives such as the Beating Cancer Plan.
- Knowledge transfer strategies: it's important to frame messages in a way that members of the public can easily relate to
- Importance of co-production and involvement of the target population; this is quite key to ensure support for practices.
- Clear description and reproduction of the methodology of the practice.
- Transparency of the objectives and the strategy for both the population and the stakeholders.
- Human resources and funding.
- Clear relation with the committed task in the dissemination of information.
- Knowledge transfer strategies through dissemination of the initiative, publication of materials, surveys.
- Difficult due to political limitations.
- Budget transparency for transferability (for reference to other countries).

## 6. Sustainability

- Team: you need a team in order to sustain an effort. You need to have an administration and NGO or another body in charge of the whole process: you need institutional anchoring. It is needed for memory, for purpose, for resources, etc.
- Evaluation: you can only sustain something that you can demonstrate that it's working or you lose interest from stakeholders.
- Partnership: you need to rely on partners to make the practice sustainable for the pressure to maintain it. Partnerships are important for trust and shared ability.
- Training and resources available to help achieve and maintain a smoke-free environment: for the public (for example workers) but also for the people in charge of compliance (managers). Also helps for implementation and transferability.
- Focus and disseminate potential rewards and benefits of implementing the practice to motivate support for the implementation.
- Human resources.
- Institutional support.
- Legislation.
- It's important to ensure the continuation of the practice on the long term with:
  - o Regular assessment and monitoring.
  - o Regular information campaigns specific to the practices.
- Coalition between civil society and local authorities to guarantee that the processes will be followed even if the political change happens.
- Funding by public resources – practices that have funding in the framework of a public policy are positive in terms of sustainability because it means they can be available for a long time.
- Step by step strategy that it is clearly described.

## 7. Participation

- To increase motivation by showing the benefits

- Information campaigns.
- Assessment at the beginning and the end of what works and what can be improved.
- Inform the population about the benefits of the practice.
- It is very positive to involve the target population in the development of the practice.
- Clear guidance for the target population otherwise it has issues with implementation and also with compliance. (E.g. smoke free environments in healthcare entrances need to indicate how many meters/the perimeter).
- Informal and formal meetings with stakeholders who will implement practices even before the practices are in place. This increases the potential in terms of them being supportive and help to enforce the practices and comply with them.

## 8. Governance and project management

- To formulate and adequately estimate the human resources needed.
- To have a clear description of the budget requirements.
- Engagement and maintenance of stakeholder interest.
- Regular monitoring of the practice with stable resources.

## 9. Compliance

- Monitoring of the practice is crucial.
- In some cases, government enforcement authorities are playing the role of enforcement and conducting monitoring to control compliance of practices; in other cases, civil society has this function.

## 10. Legislation

- If there is no political support for the practices, there is a need for a bottom up approach.
- A voluntary approach that relies or depends on civil society or partnership with local authorities can be a positive approach for some practices even though it has limitations.
- A legislative approach offers facilitating factors when it comes to enforcement of the practices, which can also indicate more compliance. In some cases, when a practice is legislated and therefore mandatory, compliance levels tend to be higher making the practices to be more effective.